

Comprehensive Public Training Program Computer-Based Training Request Form

AGENCY INFORMATION:

Date of Request: _____

Dept/Office/Division: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Person Requesting (Name & Job Title): _____

E-mail address: _____

Phone No. () _____ Fax No. _____

Agency CPTP Coordinator Name: _____

Coordinator's Phone No. _____ Fax No. _____

Coordinator's Signature: _____

CHOOSE ONE:☐

Option 1: Internet Access request from employee to Training Coordinator

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Option 2: CD Rom check-out for installation to agency intranet or individual computer